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Bib Data Sheet

CONFIRMATION NO. 3923

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/535,491 | <b>FILING OR 371(c) DATE</b><br>05/18/2005<br><b>RULE</b> | <b>CLASS</b><br>570 | <b>GROUP ART UNIT</b><br>1621 | <b>ATTORNEY DOCKET NO.</b><br>040894-7243 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/14357 11/12/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-334883 11/19/2002

|  |  |                                  |                            |                          |                                |
|--|--|----------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>8 | <b>INDEPENDENT CLAIMS</b><br>1 |
|--|--|----------------------------------|----------------------------|--------------------------|--------------------------------|

**ADDRESS**

9629

**TITLE**

Porous aluminum fluoride

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1000 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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